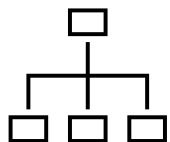


# Network Adequacy Considerations Following the Transition of the MMP

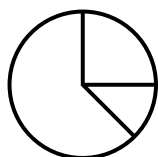
## About the Issue

→ States using the Medicare-Medicaid plan (MMP) model to advance integration work with CMS to review MMP provider networks, including Medicare provider types. Outside the MMP, Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) network review is automated across the D-SNP's broader contract and is not specific to dual eligible individuals in a given county. **It's important that transitioning MMP states understand how network adequacy oversight will change.**



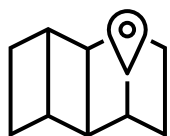
### Medicare Advantage network adequacy is assessed at a contract level.

*Why this Matters:* D-SNPs operate at a plan level within a contract and may share the contract with non-D-SNP products. States using exclusively aligned enrollment in their D-SNP program can require D-SNPs to pursue a D-SNP-only contract, which would allow a state to better understand whether the network meets the needs of dual eligible individuals.



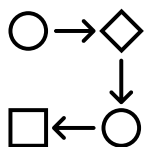
### Medicare Advantage network adequacy standards were developed based on the needs of the whole Medicare population, and networks are mapped against the whole Medicare population in a given county.

*Why this Matters:* Dual eligible individuals are a unique subset of the Medicare population and have distinct Medicare utilization patterns. As a result, the Medicare Advantage network standards may not adequately reflect dual eligible physical, behavioral, cognitive, or functional needs. States may seek approaches via Medicaid network requirements or D-SNP Models of Care to ensure provider networks are responsive to dual eligible individuals' holistic needs.



### Medicare Advantage network adequacy standards focus on time, distance, and minimum number of providers included in a Medicare Advantage contract network.

*Why this Matters:* Medicare Advantage network standards do not assess whether providers are accepting new Medicare patients (or Medicaid patients), nor do they consider elements more common in Medicaid network adequacy such as appointment wait times or language preferences. As a result, states might be interested in understanding aspects of Medicare provider access that are not core to what CMS assesses and may need to use other tools to obtain this information.



### Network adequacy and exception request review is generally automated.

*Why this Matters:* In most instances, states have limited opportunity to inform CMS' review of networks and exception requests when a Medicare Advantage contract cannot meet network adequacy (e.g., for unique patterns of care in the state or a particular region). CMS has indicated it will collaborate in Medicare Advantage network adequacy exception request reviews with states requiring D-SNPs to pursue D-SNP-only contracts.